



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

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Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

GUNPOINT FIREARMS, L.L.C.

FILED

in the office of the Secretary of State
of the State of California

JUL 07 2008

This Space For Filing Use Only

DUE DATE: JUN 27 2008

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200811910119

3. STATE OR PLACE OF ORGANIZATION

CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

16580 GREENE CIRCLE

RIVERSIDE

CA

92504

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

16580 GREENE CIRCLE

RIVERSIDE

CA

CA

92504

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

CHAD BIANCO

16580 GREENE CIRCLE

RIVERSIDE

CA

92504

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

CHAD BIANCO

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

16580 GREENE CIRCLE

RIVERSIDE

CA

92504

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

SALES OF FIREARMS AND ACCESSORIES

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

CHAD BIANCO

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

CHAD BIANCO

SIGNATURE

owner

TITLE

5/6/08

DATE